


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90126 035 \*\*\*\*70.00

**DOCUMENT # N02000001236**

1. Entity Name  
**COCONUT GROVE MINISTERIAL ALLIANCE, INC.**



Principal Place of Business      Mailing Address

**3616 DAY AVENUE  
MIAMI FL 33133**      **3616 DAY AVENUE  
MIAMI FL 33133**

2. Principal Place of Business      3. Mailing Address

**3616 Day Ave**      **Same**


Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**Miami, FL**      **Miami, FL**

Zip      Country      Zip      Country

**33133**      **USA**      **33133**      **USA**



1st MOORE      CR2E037 (10/04)

4. FEI Number      Applied For

**02-0581059**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LEONARD, REV. WILLIE  
3616 DAY AVE  
MIAMI FL 33133**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      FL      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE *Rev. Willie J. Leonard*      DATE

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing       **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PCBD	<input type="checkbox"/> Delete
NAME	LEONARD, WILLIE REV.	
STREET ADDRESS	3616 DAY AVE.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JACKSON, JAMES REV.	
STREET ADDRESS	3616 DAY AVE.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBS, PORTIA REV.	
STREET ADDRESS	3616 DAY AVE.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILLIAMS, KENTON REV.	
STREET ADDRESS	3616 DAY AVE.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, G WAYNE REV	
STREET ADDRESS	3616 DAY AVE.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rev. Willie J. Leonard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/21/05*      *305-443-5683*

Date      Daytime Phone #